



U R B A N D I S T R I C T O F T O R P O I N T

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1 9 6 5

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TO THE CHAIRMAN AND MEMBERS OF THE URBAN DISTRICT COUNCIL OF TORPOINT

Mr Chairman, Mrs George, Gentlemen,

During the year there was a small increase of 250 in the estimated population of Health Area No.7 which brought the total to 51,070. The only County Districts showing significant changes were Saltash M.B. where the population increased by 300, and Torpoint U.D. where there was a fall of 170.

Live births totalled 745 and showed an excess of 74 over deaths which totalled 671. The corrected birth and death rates were quite close to those of the country as a whole. For the first time since 1961 there was a maternal death. This involved a young unmarried mother who because of the unfortunate circumstances surrounding her pregnancy did not seek or receive adequate ante-natal care. The number of infant deaths registered - 8 in all was the lowest so far recorded and brought the infant mortality rate well below the national figure. There was a slight reduction in the number of illegitimate births from 62 in 1964 to 58 in 1965, when they constituted 7.9% of all live births.

The principal causes of death during the year followed the same pattern as in previous years, with heart disease, stroke, and cancer showing up in that order as the most prevalent causes of death, and between them accounting for 71% of all deaths which occurred during 1965. Of the defined forms of heart disease, coronary heart disease caused almost half of all deaths due to heart disease. Research into possible causes for the increase in this form of heart disease, under which guise the grim reaper so frequently comes to cut off with tragic suddenness lives as yet many years short of three score and ten, continues along many lines. As with many conditions it appears likely that a variety of causes, usually acting in concert, contribute in varying degree to the unfortunate end result. Evidence is being accumulated that important factors are, an increase in the consumption of fats and refined carbohydrates frequently in excess of basic energy requirements, a reduction in physical exertion due to mechanisation of working conditions, and the widespread use of mechanised transport, increased consumption of tobacco in the form of cigarettes, and greater mental stress, and strain resulting from pressures and tensions in modern living.

In England and Wales of all deaths registered during 1965 the proportion due to cancer was 19%. In Health Area No. 7. the corresponding proportion was 16%. Of these defined forms of cancer that affecting the stomach was the most prevalent cause of death. Lung cancer deaths were less numerous, and the rate for this disease was ^{well} below the national figure. In the case of lung cancer evidence continues to build up incriminating cigarette smoking as an important cause of this disease, although it is now recognised that other factors, and especially atmosphere pollution, play some part in causing this disease. Efforts to persuade adult smokers to give up the habit have not been at all successful, and hope of achieving anything useful in this field of health education must rest in the success of trying to convince young people that they should not take up the habit.

The incidence of notifiable disease (other than tuberculosis) was numerically heavier than during the previous year. The total number of cases notified was 590, the bulk of these being due to outbreaks of measles - 385 cases - and whooping cough - 166 cases. The former disease was most prevalent in Saltash M.B. and Liskeard M.B. the latter in St. Germans R.D. and Saltash M.B. It seems likely that the increase in the incidence of whooping cough may have been due to the appearance of a new or altered variety of infecting organism against which the vaccines previously available and used to immunise children were less effective. Efforts to produce a safe and effective vaccine against measles continued and it is probable that in the not too distant future protection against this disease will become available for general use. No case of the more serious types of infections

disease was notified during the year, and there were no deaths attributed to diseases in this group.

The incidence of tuberculosis was the lightest so far recorded and 9 new cases only were notified during 1965. In two districts Torpoint U.D. and Liskeard M.B. no cases were notified. No deaths attributable to this disease were registered during the year. At the end of the year there were 196 known cases of tuberculosis resident in the Health Area. Of these 164 were respiratory infections, and 32 were non-respiratory infections. Towards the end of the year the customary campaign to afford protection to school-children was carried through. In this instance children born in the year 1953 were involved, and of the 581 children eligible for tuberculin testing and where necessary B.C.G. vaccination, some 404 were eventually vaccinated. I feel sure that this procedure has made an important contribution to the great reduction in the incidence of this disease amongst adolescents and young adults.

Occasionally in previous annual reports I have referred to noise, and make no apology for doing so again. The principal villain of this piece is, for most of us, the motor vehicle, and with the great increase in the number of these, so the volume of noise and its duration increase. As yet little effort, other than hopeful exhortations has been made to come to grips with this blight on our lives. Although the human senses have a very wide tolerance of abuse, and overloading, they are not completely invulnerable. We are fast approaching the limit for the auditory sense of many people with consequent neurosis, and an increasing recourse to drugs which have a sedative and soporific effect. Where exposure to high noise levels is prolonged or so severe as to disturb or disrupt normal patterns of living then overt mental illness is the likely outcome. I feel fairly strongly that in trying to excuse our failure to deal effectively with this problem too much is made of the legal, financial and other barriers to be overcome in achieving the end - an appreciable reduction in unnecessary noise. There is much thought and discussion on ways and means of making motor vehicles safer, and less likely if involved in an accident to kill and maim the occupants. Is it beyond the power of engineers, and designers to provide mechanically propelled vehicles which will operate quietly? Must heavy commercial vehicles produce such an ear-shattering level of noise, reaching almost the threshold of pain, when they pass through the streets of towns and villages? To perform its function the motor horn is provided with an unpleasant strident voice. Must we continue to tolerate its use as a remote form of front door bell to summon our friends and acquaintances from their houses to the kerbside, or as an outlet for the irritations and frustrations we suffer on our congested roads? I would here enter a plea for some long hard and really serious thought to be given to this problem before many of us are engulfed and mentally drowned in this ever-rising tide of man made noise.

In the field of housing, problems and difficulties are considerably less than in the 1950's, but they do still exist, and not infrequently in an acute form. This unhappy state of affairs almost always has as its basic cause the inability or unwillingness of tenants to keep up to date with rent payments, but when the matter is investigated it soon becomes evident that the threat of eviction is, so to speak, only the tip of the iceberg. Behind comparatively modest arrears of rent may be found a mountain of debts which even the trained Social worker trying to help the family can find intimidating. The effect on the less intelligent, less provident householder can be imagined, and many are literally sick with worry. It is interesting to find how often the burden of this worry is carried by the wife and mother, and the wage earner, in spite of the fact that he is the one who will be committed to prison for non-payment of debts, tends to turn his back on the situation, and refuses to really concern himself with it. Basically there is nothing amoral or unjust about modern methods of extending credit to all and sundry whether the system used is called hire purchase, extended credit, budget accounting or what have you. What is wrong is the irresponsible use of these systems by door-to-door salesman, mail order firms, and large stores each of which handles its own transaction in ignorance of, and unconcerned with the many other commitments the householder may already have made. I do not pretend to know how the irresponsible and improvident amongst us can be protected against the pitfalls in this way of acquiring goods and chattels, and against our own folly in allowing ourselves to be bowed down, and perhaps

crushed under the load of debt we are unable to bear. I do know of it, and see it as a source of great worry and anxiety, carrying with it the threat of committal to prison, the loss of the home, and the disruption or disintegration of family life, and as probably the cause of much neurosis which is reflected in the consumption of large amounts of tranquillising and sedative drugs by an appreciable section of the community.

Over and above the housing difficulties of those people liable to lose their accommodation through rent default, there are still, particularly in the eastern part of the Health Area adjacent to the City of Plymouth, long waiting lists for Council houses, and there seems little likelihood of any substantial amelioration of this situation in the foreseeable future. Much has been done, and is being done by way of building bungalows and flats specially designed to meet the housing needs of old people. When some years ago this type of housing development was being considered there were many who had genuine doubts as to whether old people, generally conservative in outlook, and thought to be "set in their ways", would be willing to move into the new specially designed dwellings. In fact the contrary has proved true, and in almost all cases the demand has exceeded the supply, and almost invariably the old people themselves have expressed satisfaction and pleasure at improved conditions and amenities provided.

In the field of food hygiene there has been a slow improvement in the conditions under which food is handled. Much of the credit here must go to the growth and spread of cold display cabinets in which a variety of perishable food is now put on display to the general public. If to this is added the practice of wrapping such food in transparent material then a notable contribution has been made to preventing contamination of food by hands, dust, and insects, and spoilage resulting from exposure to temperatures above about 40°F has been largely eliminated. In this respect the sometimes maligned "supermarket" type of food shop has set a very good example.

In recent years attention has been increasingly focussed on a danger to human health arising from the consumption of untreated milk. This results from the existence of a disease amongst cattle which is generally known as contagious abortion. The infection can be passed to humans in whom it causes a disabling illness, which tends to become chronic, and for which there is at present no very effective line of treatment. The group of people mainly at risk of contracting this disease are those who have contact with cattle e.g. farmers, farm workers, and veterinary surgeons, and the majority of human infections - known as brucellosis - are seen amongst these people. The disease can however be transmitted to human beings who consume untreated milk from infected animals, and testing of milk samples during the past two or three years from dairy herds, mainly located in West Cornwall, has shown that this infection is present in a certain number of these herds. Up to the time of writing the number of herds which have been tested in this Health Area is quite small, so that the extent of possible infection in the 78 producer - retailer herds in the Health Area is not known. National surveys show that 25 - 30% of milking herds are infected and it would not be unreasonable to suppose that this position would apply in East Cornwall. During the past twelve months two cases of acute brucellosis in human beings have come to light but in both of these direct contact with infected animals was almost certainly the source of infection.

As far as consumers of milk are concerned there is immediately available a simple safeguard against this infection - the pasteurisation or sterilisation of all milk. However for various reasons, most of which have their foundation in prejudice rather than fact, many people prefer to use untreated milk. The more long term method of solving this problem by removal and slaughter of infected animals from herds, has been considered but the present estimates of cost - a national bill of some £40 million - has so far deterred the Government from introducing any programme of eradication. The advantages of eradications extend beyond protection of milk consumers, by eliminating the threat of infection to those handling and working with cattle, and by bringing economic benefit to the agricultural industry since the disease in cattle reduces the milk yield, and causes abortion, stillbirth, and infertility. It is to be hoped that before long Britain will follow the more enlightened paths already trodden by most civilized countries, and set up an effective

programme to eradicate this disease.

Apart from small local difficulties, many of them due to the necessity of continuing to use old distribution mains, the quantity and quality of the supply provided by the East Cornwall Water Board has been generally satisfactory. Only in a relatively small number of cases where water is drawn from local sources does any risk of water-borne disease occurring arise. In such cases householders are given advice on ways in which any such risk can be reduced if not altogether eliminated.

Progress continued during the year, more particularly in the two Rural Districts in bringing sewerage and sewage disposal to an increasing proportion of the community. After what seemed an interminable period of planning and waiting it was heartening to see a start being made on the large scheme for the Borough of Liskeard. This will remove a major source of pollution to the otherwise pleasant East Looe River. The position at Looe continues to be unsatisfactory, and complaints of sewage pollution on the adjacent foreshore are received from time to time.

The difficulties in dealing with household and trade refuse to which I have referred in previous Annual Reports remain, and indeed increase from year to year. It is perhaps surprising to have to report from a mainly rural and lightly populated area, an increasing difficulty in finding suitable sites for the tipping of refuse, but this is the case. All the indications are that before long more sophisticated and more effective methods of refuse disposal will call for an increase in the cost of this service.

I would like once again in concluding this general preface to put on record my appreciation for the support and encouragement given to me during 1965 by the Members and Officers of the six County District Council in No. 7 Health Area.


I have the honour to be

Mr Chairman, Mrs George, Gentlemen,

Your obedient Servant

P.J. FOX

Medical Officer of Health.



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TORPOINT URBAN DISTRICT

Health, Housing & Works Committee

Councillor R.A. Grinter	Chairman
Councillor E.J.H. Dodd	Vice Chairman.

Public Health Officers of the Authority

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H.		Medical Officer of Health.
Health Area Office, West Street, Liskeard, Cornwall. Telephone - Liskeard 3373.			

W. Hogarth, F.F.S., F.R.S.H.	Senior Public Health Inspector.
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I.C. Prowse	Public Health Inspector.
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Council Offices,
York Road,
Torpoint,
Cornwall.

Telephone - Torpoint 410.

TORPOINT URBAN DISTRICT

Area of Urban District	975 acres
Population (Estimated)	6,540
Number of Inhabited Houses	1,480
Rateable Value	£166,330
Product of Penny Rate	£690

Vital Statistics for 1965

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	48	34	82

	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	19.1	18.3	18.1.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	-	1

	<u>Torpoint U.D.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	12.0	11.9	15.7

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	26	28	54

	<u>Torpoint U.D.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	11.2	11.1.	11.5

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	-	1	1

	<u>Torpoint U.D.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	12.2	10.7	19.0

Principal Causes of Death at All Ages

Heart Disease	20
Stroke	14
Cancer (all sites)	13
Respiratory disease	3

The excess of live births over deaths was 28. As a cause of death coronary heart disease was again quite prevalent and caused 14 deaths. Cancer of the stomach caused 6 deaths, but there were no deaths from lung cancer. Of those who died during the year some 41% had reached or exceeded the age of 75 years at the time of death.

Infectious Disease The incidence of this group of diseases was very light during the year when 3 cases only were notified. Two cases were acute rheumatic infections (rheumatic fever) in children. This disease which is nowadays very seldom seen, can cause serious and lasting damage to the heart, However with better standards of child health and nutrition, and modern drug therapy such serious after-effects are uncommon.

The following are details of cases and case rates of infectious disease during 1965:-

<u>Disease</u>	<u>Cases</u>	<u>Rate per 1,000 of population</u>	
		<u>Torpoint U.D.</u>	<u>Health Area No.7</u>
Rheumatic fever	2	0.31	0.04
Measles	1	0.15	7.54

Tuberculosis No new cases of this infection were notified during 1965 nor were any deaths attributed to this cause.

At the end of 1965 there were 22 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis resident in the urban district. This represents a rate of 4.13 cases per 1,000 of the population.

National Assistance Act, 1948 No action under Section 47 of this Act was called for during the year.

Water Supply Apart from some local difficulties referred to in previous reports, which are caused by old distribution mains, the quality and quantity of water supplied by the East Cornwall Water Board were satisfactory during the year.

Sewerage and Sewage Disposal There is no change from the practice of discharging crude sewage into the Hamcaze. As Mr. Hogarth observes in his report it is likely that the Cornwall River Authority will in future be more critical of sewage disposal arrangements, especially those newly created to serve new housing development.

Refuse Collection and Disposal This Urban District, relatively restricted in area, faces a considerable problem in endeavouring to find suitable sites for the tipping and disposal of household and trade refuse.

Food Reasonably good standards of hygiene were maintained in food shops and catering establishments during the year.

No case of food poisoning was notified during the year.

Factories Act, 1961. No difficulties were experienced in the operation of this Act during 1965.

Report by Public Health Inspector. This report by Mr. Wilson Hogarth follows. I should like to place on record my gratitude to Mr. Hogarth and Mr. Prowse for the help and support they have given me during the year.

Public Health Inspector's Report for 1965.

Sanitary Circumstances of the Area.

Water Supply

Eight samples of water were taken from the two separate treated water supply systems in the town, but none were taken from the raw sources, because the reservoirs and filtration plant are under the control of the East Cornwall Water Board. These reports show that the public water supplies continue to be reliable in their consistent fitness for human consumption.

Drainage and Sewerage.

A plan has been put before the Council showing an outline proposal to sewer 150 acres of land which is now part of Borough Farm, and would provide much needed land for further development, and although there has been no trouble in the past with the sewerage outfalls from the Urban District, it is anticipated that the Cornwall River Authority will require the Council to provide a minimum amount of treatment for this new outfall.

Refuse Collection and Disposal.

Since the beginning of this year we have had the use of the new 35 cub.yd. Shelvoke and Drewry refuse collecting vehicle, the most modern of its kind, and this has resulted in much labour saving and has reduced certain aspects of the most objectional part of a refuse collector's work, because the refuse is crushed and compressed into the inside of the vehicle and completely hidden from view immediately after the bin is emptied. This eliminates, not only the unsightliness, but smells and dust. Another great advantage is that because of the relatively low loading line of the vehicle, the amount of hard work which these men are expected to do is eased. The Council's thanks are due to the refuse collection and disposal squad for the great public service they perform, and this is not a service which is entirely recompensed by money.

Unfortunately, the Council gave up the use of Borough Refuse Tip before it was completely filled, in order that it might be used for the building of an electricity sub-station. The result of this has been that the rate of tipping at Effords Bridge has doubled and the Council is seriously concerned with the fact that the amount of land available for tipping here is nearly exhausted. However, there is plenty of land available in the small valley above this tip and, but for the refusal of St. Germans Rural District Council and the Planning Authority to allow this valley to be used, the Council's refuse disposal problems would be solved for many years to come. The owner of the land is most anxious for the valley to be filled up as the ground at the moment is useless to him.

In an effort to solve the problem of disposal, the Council carried out an experiment in tipping at Millbrook for the three months from July to September, and in my opinion, the cost in wasted manpower and the use of a 35 cub.yd. vehicle, which was never intended for such a journey over narrow tortuous lanes for a distance of approximately eight miles each way, makes this proposal quite unacceptable.

Various other possible sites for a refuse tip were suggested to the Works Committee but because of objections, principally by the officers of the County Council and the St. Germans Rural District Council, most of these were ruled out. The one remaining site which is just within the urban boundary is amongst reeds in the Saltings on the north east side of St. Johns Lake, near to Effords Bridge, and the naval authorities have been approached about this, but the outcome as yet is by no means certain. This site would be most economical and the most unsightly of the very few outlets that remain available to the Urban Council.

Housing.

During 1965 only two Council houses were completed. These were an additional pair built by Messrs. Selleck, Nicholls Williams Ltd., of St. Austell, for the Council on a piece of land which had previously been a small open space at the entrance to Cremyll Road, and although there were many difficulties and disappointments at the beginning of the Contract due to certain misunderstandings, the construction was eventually completed in August, and although this was well

outside the time schedule, the quality of the craftsmanship was good and the builders are to be commended up the well finished job which they did. The tenants in these houses are most fortunate because, not only are these dwellings exceptionally good to look upon, but they have an excellent view of the beautiful estuary of the Hamoaze and nearly all the way out to Plymouth Sound, besides being comfortable, well finished and well designed.

The Council has had under consideration for some months the question of a design for about fifty dwellings and half as many garages, and they propose to invite designs from a number of leading firms of "System Builders", but they also have in mind the possibility of inviting one of the large local contractors to submit a design in competition. A sub-committee of the Council, together with three of its officers visited Southampton and Gosport at the invitation of one of the larger firms of "System Builders" and were very much impressed by what they saw in the shape of multi-storey flats and maisonettes of "no-fines" construction, some of these being luxury flats. The delegation was well received and entertained by the Mayor, Corporation and officials of both Southampton and Gosport. This visit and the favourable impression created has made the schemes of these specialist firms much more attractive. At this stage it seems unlikely that a start will be made in very near future with the building of houses in the grounds of Tor House, but it may be that work will be begun in March or April, 1966.

Private Enterprise.

Of the twenty eight houses completed in the town during the year twenty six were built by private enterprise on the two estates now under construction. It would seem that a lack of Council housing has the effect of accelerating private enterprise development and leads to the younger people obtaining a loan either from the Council or from some other source, and has the desirable effect of making them independant and keeping them off the housing list. Whilst a small proportion of these dwellings are not so well planned or built as they might be, they are, nevertheless, in bright, open country, and as a Public Health Officer, this is to me a point of the greatest interest.

The figures given above take no account of the fifty married quarters built in flats, completed by the Admiralty this year, also four out of the twenty officers' married quarters at Trevol have been occupied, so adding quite materially to the expansion, rateable value and prosperity of the town, and providing flats or semi-detached houses of very high quality. This development tends to reduce one of the undesirable features of housing in Torpoint, and this is the devision of terrace houses into flats in which many of the amenities required to be provided under the Housing Acts are actually absent. This is frequently found when the tenants of these, who are often themselves sub-tenants, apply for re-housing by the Council. Very often a disquieting set of circumstances is revealed and the time has come when this Council should take firm action by seeing that the Housing Acts are fully complied with in these cases, because we generally find that very full rents are being charged. It is hoped that this undesirable kind of housing will be even further reduced by the number of flats and maisonettes now under construction on the site of the old poor law institution by a very enterprising local firm of contractors.

Slum Clearance.

Considerable progress has been made in the Clearance Area bounded by Rowe Street, Harvey Street and Eliot Square. A large number of dwellings which should have been the subject of Clearance and Demolition Orders were, in fact, purchased by the Council for sums higher than would have been the case had the law taken its normal course. This policy was adopted in order to reduce the amount of opposition to the Council's proposals and in the hope that it would expedite the acquisition of the area as a whole. However, certain owners have refused to sell and it is anticipated that the full delay which inevitably ensues when objections are not withdrawn and a Public Enquiry is necessary, will in fact take place, and the Council's good intentions have been frustrated. A small number of families have already been rehoused in the area but the difficulties are being increased by the fact that the Council has begun to rehouse people in semi-derelict property which had been vacated for demolition because these new people have had Eviction Orders made against them. It will, of course, be necessary to rehouse these new families before actual demolition and clearance can take place.

Factories.

Routine inspections of factories were carried out during the year, and little was found to complain of within the scope of the Act.

Shops and Food Premises.

The following is a summary of the food premises in the Urban District:-

- 5 Butchers.
- 12 Grocers.
- 3 Bakers/Confectioners.
- 2 Cafes.
- 2 Sweet Shops/Newsagents.
- 3 Greengrocers.
- 3 Fish and Chip Shops.
-
- 3 Private Clubs.
-
- 6 Licensed premises.
-

Many of the premises referred to above are licensed for the sale of ice cream and four of the grocers are licensed purveyors of milk.

Premises registered under section 16 of the Food and Drugs Act, 1955, are as follows:-

Sale of ice cream	15
Manufacture and sale of cooked meats	1
Manufacture and sale of cooked meats and sausages	3

There are three food shops registered for the sale of Cornish Cream.

Food Sampling.

The following samples were taken during the year, and the Public Health Laboratory reports, with exception of one milk sample, were all satisfactory. The particular milk sample failed the Methylene Blue Test, but further check samples were all satisfactory.

- 21 samples of Ice cream.
- 8 samples of Milk.
- 2 samples of Prawns.
- 1 sample of Garden Peas.
- 1 sample of Fish Cake.
- 1 sample of Pork Brawn.

The general standard of Food Premises in the area remains quite good, and during the year under review, alterations and improvements were carried out to four shops and one Licensed Premises. The majority of shops are now registered under the Offices, Shops and Railway Premises Act, 1963 and this again helps to maintain a reasonable standard throughout.

Two Preliminary Notices were served with regard to contraventions under the Food Hygiene Regulations, and both were complied with.

The following foods were surrendered voluntarily for destruction:-

- 12 lbs. Pork Luncheon Meat.
- 9½ lbs. Cured Pork Shoulder.

Offices, Shops and Railway Premises Act, 1963.

Routine inspections under the above Act were carried out during the year, but several premises have yet to be inspected, only one accident notification was received during the period under review, and this was of a very minor nature, involving a sprained ankle, no action was found necessary.

Rodent Control.

Only one complaint of rodent infestation was received during the year, but the usual routine inspections were carried out and a close check kept on the sewers. The refuse tip had the usual treatment at regular intervals.

Vermin.

No complaint of verminous premises were received during the year.

PUBLIC HEALTH INSPECTOR OF THE AREA

1. Inspection of Dwelling Houses during the Year.

- | | | |
|--------|---|----|
| 1. (a) | Total number of dwellinghouses inspected for defects under Public Health & Housing Acts. | 32 |
| (b) | Number of inspections made for the purpose. | 54 |
| 2. (a) | Number of dwellinghouses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 & 1932. | 0 |
| (b) | Number of inspections made for the purpose . | 0 |
| 3. | Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 0 |
| 4. | Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. | 3 |

11. Remedy of Defects during the Year without Service of Formal Notices.

- | | |
|---|---|
| Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers. | 3 |
|---|---|

111. Action under Statutory Powers during the Year.

- | | | |
|-----|--|---|
| (a) | Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936, and Sections 10 and 12 of the Housing Act, 1957:- | 2 |
| 1. | Number of dwellinghouses in respect of which notices were served requiring repairs. | 2 |
| 2. | Number of dwellinghouses in which defects were remedied after service of formal notices: | |
| (a) | by owners. | 2 |
| (b) | by Local Authority in default of owners. | 0 |
| (b) | Proceedings under Public Health Acts:- | |
| 1. | Number of dwellinghouses in respect of which notices were served requiring defects to be remedied. | 1 |
| 2. | Number of dwellinghouses in which defects were remedied after service of formal notice:- | |
| (a) | by owners. | 1 |
| (b) | by Local Authority in default of owners. | 0 |
| (c) | Proceedings under Sections 11 and 13 of the Housing Act, 1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16 and 23 of the Housing Act, 1957. | |
| 1. | Number of dwellinghouses in respect of which Demolition Orders were made. | 0 |
| 2. | Number of dwellinghouses demolished in pursuance | 0 |

	of Demolition Orders.	0
3.	Number of undertakings not to use unfit houses accepted.	0
4.	Number of dwellinghouses in respect of which Closing Orders were made.	0
5.	Number of dwellinghouses in respect of which Closing Orders were determined.	0
(d)	Proceedings under Section 12 of the Housing Act, 1936, and section 18 of the Housing Act, 1957.	
1.	Number of separate tenements or underground rooms in respect of which Closing Orders were made.	0
2.	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement rooms having been rendered fit.	

IV. Housing Act, 1936, Part IV and Housing Act, 1957, Part IV.

Overcrowding:-

(a)	1. Number of dwellings overcrowded at the end of the year.	0
	2. Number of families dwelling therein.	0
	3. Number of persons dwelling therein.	0
(b)	Number of new cases of overcrowding during the year.	0
(c)	1. Number of cases of overcrowding relieved during the year.	0
	2. Number of persons concerned in such cases.	0
(a)	Drains tested.	41
	Number of visits re drainage.	83
(b)	Visits re infectious diseases.	0
	Premises disinfected.	0
(c)	Inspection of Food Premises.	88
(d)	Inspection of shops under Shops Act.	32
(e)	Inspection of Factories.	15
(f)	Preliminary Inspection of houses for slum clearance plan.	4

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1965

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	76	70	32	20	34	23	255
Stroke	31	23	22	14	21	6	117
Cancer (all sites)	35	19	12	13	15	12	106
Respiratory disease	25	16	7	3	7	5	63
Circulatory disease	6	10	2	-	1	3	22
Accidents	5	4	6	2	-	-	17*
Genito-urinary disease	3	3	2	-	2	2	12
Digestive disease	3	2	1	1	1	1	9

*INCLUDES 6 MOTOR VEHICLE ACCIDENTS

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1965

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease, angina	45	32	12	14	11	12	126
Hypertension with heart disease	4	3	2	-	3	1	13
Other heart disease	27	35	18	6	20	10	116
Cancer of stomach	6	5	3	6	-	1	21
Cancer of lung and bronchus	4	2	1	-	2	3	12
Cancer of breast	4	1	-	-	5	1	11
Cancer of uterus	3	1	-	1	1	-	6
Other cancers	18	10	8	6	7	7	56

APPENDIX 3.

DEATHS BY AGE GROUPS - 1965

DISTRICT	0 - 4 YEARS	5 - 14 YEARS	15 - 44 YEARS	45 - 64 YEARS	65 - 74 YEARS	75 years	ALL AGES
ST. GERMANS R.D.	3	-	6	30	61	109	209
LISKEARD R.D.	1	-	5	34	47	79	166
SALTASH M.B.	-	-	4	15	22	55	96
TORPOINT U.D.	1	-	2	16	13	22	54
LISKEARD M.B.	3	1	1	13	17	55	90
LOOE U.D.	-	-	2	13	14	27	56
HEALTH AREA NO. 7.	8	1	20	121	174	347	671

APPENDIX 4.TUBERCULOSISNEW CASES IN HEALTH AREA NO. 7 - 1965

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>		
0 - 4 YEARS	1	-		
5 - 14 YEARS	-	-		
15 - 24 YEARS	1	1		
25 - 44 YEARS	1	-		
45 - 64 YEARS	2	1		
65 YEARS AND OVER	1	1		
	<hr/>	<hr/>		
	6	3		
	<hr/>	<hr/>		
	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>	
NEW CASE RATE PER 1,000 OF POPULATION	0.12	0.06	0.18	

CASE RATES PER 1,000 OF POPULATION IN COUNTY DISTRICTS IN HEALTH AREA
NO. 7. - 1965

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u>
ST. GERMANS R.D.	0.14	3.31
LISKEARD R.D.	0.15	3.13
SALTASH M.B.	0.25	3.37
TORPOINT U.D.	-	4.13
LISKEARD M.B.	-	6.52
LOOE U.D.	0.75	5.51
HEALTH AREA NO. 7.	0.18	3.84
CORNWALL COUNTY	0.26	5.01

APPENDIX 5.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS - 1965

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
55 - 64 YEARS	2	1
65 - 74 YEARS	4	-
75 YEARS AND OVER	4	1

DEATH RATE PER 1,000 OF POPULATION - 1965

	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>
HEALTH AREA NO. 7.	0.196	0.039	0.235
CORNWALL COUNTY	0.305	0.095	0.400
ENGLAND AND WALES	0.466	0.088	0.554

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1964 FOR THE URBAN DISTRICT
OF TORPOINT IN THE COUNTY OF CORNWALL

Prescribed Particulars on the Administration
of Factories Act, 1961.

Part 1 of the Act.

1. - Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors)

Premises. (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupational Provisions (5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	0	0	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	15	15	0	0
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).				
TOTAL	15	15	0	0

2. - Cases in which defects were found.
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	No. of cases in which defects were found				Number of Cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temperature (S.3.)	-	-	-	-	-
Inadequate ventilation (S.4.)	-	-	-	-	-

Particulars (1)	Found (2)	Number of cases in which defects were found			Number of cases in which Prosecutions were Instituted (6)
		Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.) (a) Insufficient.	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-Work)	-	-	-	-	-
Total	-	-	-	-	-

Part VIII of the Act

Outwork

(Sections 133 and 134)

There is only one outworker in the Torpoint Urban Area.

